

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|-------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.P.E. CLASSIFIER | | 6 | 11-30-01 |
| FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 - Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)